

INFINIA AT GRANITE HILLS, INC
950 EAST 3300 SOUTH
SALT LAKE CITY UT 84106
STATE'S REGION CODE: 001

PROVIDER #: 465142
PHONE NUMBER: (801) 486-5121
PARTICIPATION DATE: 02/05/1996 CERTIFIED: 65

FACILITY BEDS
TOTAL: 65
TYPE ACTION: RECERTIFICATION
TYPE OWNERSHIP: FOR PROFIT - CORPORATION

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 08/08/2005

LTC ADMISSION/SUSPENSION DATES

TOTAL CERTIFIED BEDS: 65

TOTAL: 54
MEDICARE: 1
MEDICAID: 48
OTHER: 5

ADMISSION SUSPENDED:
SUSPENSION RESCINDED:

18 18/19 19 ICF/MR
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65

CURRENT SURVEY REVISIT DATES - 10/14/2005

PRIOR 3 SURVEY 05/2003	S/S CODE	PRIOR 2 SURVEY 12/2003	S/S CODE	PRIOR 1 SURVEY 06/2004	S/S CODE	CURRENT SURVEY 08/08/2005	S/S CODE	PLAN/DATE OF CORRECT	PROGRAM REQUIREMENTS
X	G								REQ F0157-INFORM OF ACCIDENTS/SIG CHANGES/TRANSFER/ETC
						X P	B	10/07/2005	REQ F0167-SURVEY RESULTS READILY ACCESSIBLE TO RESIDENTS
X	K					X C	D	10/07/2005	REQ F0224-FACILITY PROHIBITS ABUSE, NEGLECT
X	D								REQ F0225-NOT EMPLOY PERSONS GUILTY OF ABUSE
X	D								REQ F0226-POLICIES, PROCEDURES PROHIBIT ABUSE, NEGLECT
X	E			X	E	X C	E	10/07/2005	REQ F0241-DIGNITY
X	D								REQ F0242-SELF-DETERMINATION - RESIDENT MAKES CHOICES
		X	C			X C	D	10/07/2005	REQ F0250-MEDICALLY RELATED SOCIAL SERVICES
				X	E				REQ F0252-SAFE/CLEAN/COMFORTABLE/HOMELIKE ENVIRONMENT
X	E			X	B				REQ F0253-HOUSEKEEPING & MAINTENANCE SERVICES
						X C	E	10/07/2005	REQ F0278-ACCURACY OF ASSESSMENTS/COORD W/PROFESSIONALS
X	E	X	B			X C	E	10/07/2005	REQ F0279-DEVELOP COMPREHENSIVE CARE PLANS
				X	D	X C	E	10/07/2005	REQ F0280-DEVELOPMENT/PREP/REVIEW OF COMP CARE PLAN
						X C	E	10/07/2005	REQ F0281-SERVICES PROVIDED MEET PROFESSIONAL STANDARDS
						X C	G	10/07/2005	REQ F0309-PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING
X	D			X	D	X C	D	10/07/2005	REQ F0312-ADL CARE PROVIDED FOR DEPENDENT RESIDENTS
		X	B						REQ F0323-FACILITY IS FREE OF ACCIDENT HAZARDS
X	E								REQ F0324-SUPERVISION/DEVICES TO PREVENT ACCIDENTS
X	E								REQ F0329-DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS
						X C	E	10/07/2005	REQ F0331-GRADUAL DOSE REDUCTIONS OF ANTIPSYCHOTIC DRUGS
						X C	E	10/07/2005	REQ F0354-USE OF CHARGE NURSE & REGISTERED NURSE
X	B								REQ F0364-FOOD PROPERLY PREPARED, PALATABLE, ETC.
X	B								REQ F0366-SUBSTITUTES OFFERED OF SIMILAR NUTRITIVE VALUE
				X	E				REQ F0367-THERAPEUTIC DIET PRESCRIBED BY PHYSICIAN
X	E	X	E						REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
		X	G	X	D				REQ F0406-FACILITY PROVIDES SPECIALIZED REHAB SERVICES
X	D								REQ F0444-WASH HANDS WHEN INDICATED
X	E	X	C			X C	D	10/07/2005	REQ F0460-ROOMS DESIGNED TO ASSURE FULL VISUAL PRIVACY
X	E								REQ F0465-ENVIRONMENT IS SAFE/FUNCTIONAL/SANITARY/COMFORTAB
X	K								REQ F0490-FACIL ADMINISTERED EFFECTIVELY TO OBTAIN HIGHEST
		X	D						REQ F0494-NURSE AIDE TRAINING/COMPETENCY
		X	D						REQ F0496-NURSE AIDE REGISTRY VERIF/MULTISTATE REG VERIF
				X	B				REQ F0513-REPORTS OF X-RAYS/DIAGNOSTIC SRVS FILED IN RECORD
						X C	E	10/07/2005	REQ F0514-CLINICAL RECORDS MEET PROFESSIONAL STANDARDS
X	H								REQ F0520-FACILITY MAINTAINS QA COMMITTEE

EDITION OF LSC APPLIED

85 EXIST 2000 EXIS2000 EXIS2000 EXIS

PRIOR 3 SURVEY 05/2003	PRIOR 2 SURVEY 12/2003	PRIOR 1 SURVEY 06/2004	CURRENT SURVEY 08/18/2005	PLAN/DATE OF CORRECTION
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LSC DEFICIENCIES - BLDG NO. 01

X	X		X P	09/01/2005	K0012-CONSTRUCTION TYPE
X	X	X	X P	09/01/2005	K0018-CORRIDOR DOORS
X			X P	08/19/2005	K0029-HAZARDOUS AREAS - SEPARATION
		X			K0034-STAIRS AND SMOKE PROOF TOWERS
		X			K0038-EXIT ACCESS
		X			K0046-EMERGENCY LIGHTING
		X			K0052-TESTING OF FIRE ALARM
X		X	X P	10/15/2005	K0054-SMOKE DETECTOR MAINTENANCE
X	X	X	X F		K0056-AUTOMATIC SPRINKLER SYSTEM
X	X	X			K0062-SPRINKLER SYSTEM MAINTENANCE
X		X	X P	10/15/2005	K0069-COOKING EQUIPMENT
X		X	X F		K0071-LINEN AND TRASH CHUTES
X					K0073-FLAMMABLE FURNISHINGS
X	X		X P	09/09/2005	K0130-OTHER
	X				K0135-FLAMMABLE/COMBUSTIBLE LIQUID USE/STORAGE
		X	X C	08/18/2005	K0147-EMERGENCY PLAN

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSSES X=DEFICIENT
COP = CONDITION REQ = REQUIREMENT

OSCAR REPORT 3
HISTORY FACILITY PROFILE

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TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
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CONDITION	0	0	0	0
REQUIREMENT	13	8	8	19
HEALTH TOTAL	13	8	8	19
LIFE SAFETY CODE	9	11	6	10
LIFE SAFETY CODE + HEALTH	22	19	14	29

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
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07/14/2005	SUBSTANTIATED
08/08/2005	SUBSTANTIATED
09/01/2005	SUBSTANTIATED
09/27/2005	UNSUBSTANTIATED

FMS SURVEY INFORMATION

SURVEY DATE	TYPE OF SURVEY
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05/20/2003	OBSERVATIONAL